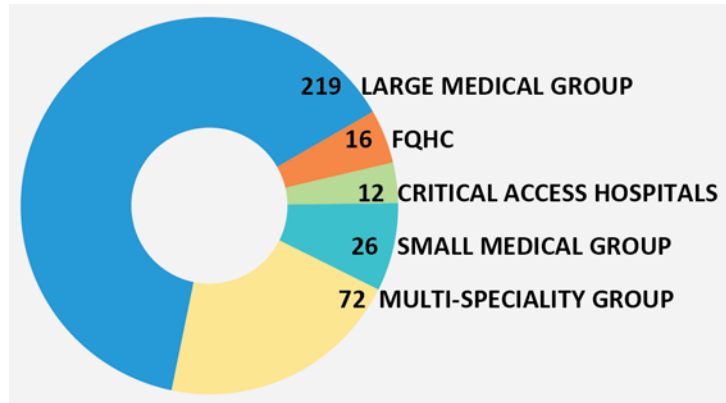


The Minnesota Health Care Homes Program for Better Health, Better Care & Lower Costs

The Patient Centered Medical Home (PCMH) model of care is showing improvements in cost and utilization, which is increasingly being outlined in literature, industry reports as well as state and federal evaluation. In Minnesota, this innovation in care delivery, called Health Care Homes (HCH), advances and achieves the Triple-Aim outcomes of better health, better care and lower costs.

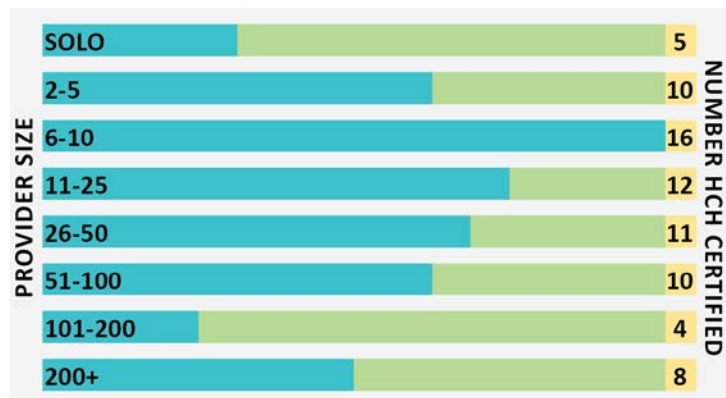
Minnesota’s HCH transformation based on Medicare, Medicaid, and Dual Eligible data used in the University of Minnesota’s Five Year Program Evaluation showed improvements in access, use, and quality of health care in HCH certified primary care clinics compared with non-HCH certified primary care clinics. The evaluation noted that racial disparities were significantly smaller for patients served by HCHs compared to non-HCHs.

HCH Practice Types



- In Minnesota 55 % of primary care clinics are certified as a HCH.
- Primary Care clinicians are certified by the ability to use flexibility and innovation to meet HCH standards.
- Nearly half of certified HCHs organizations are integrated medical groups
- Approximately thirty percent are independent medical groups.

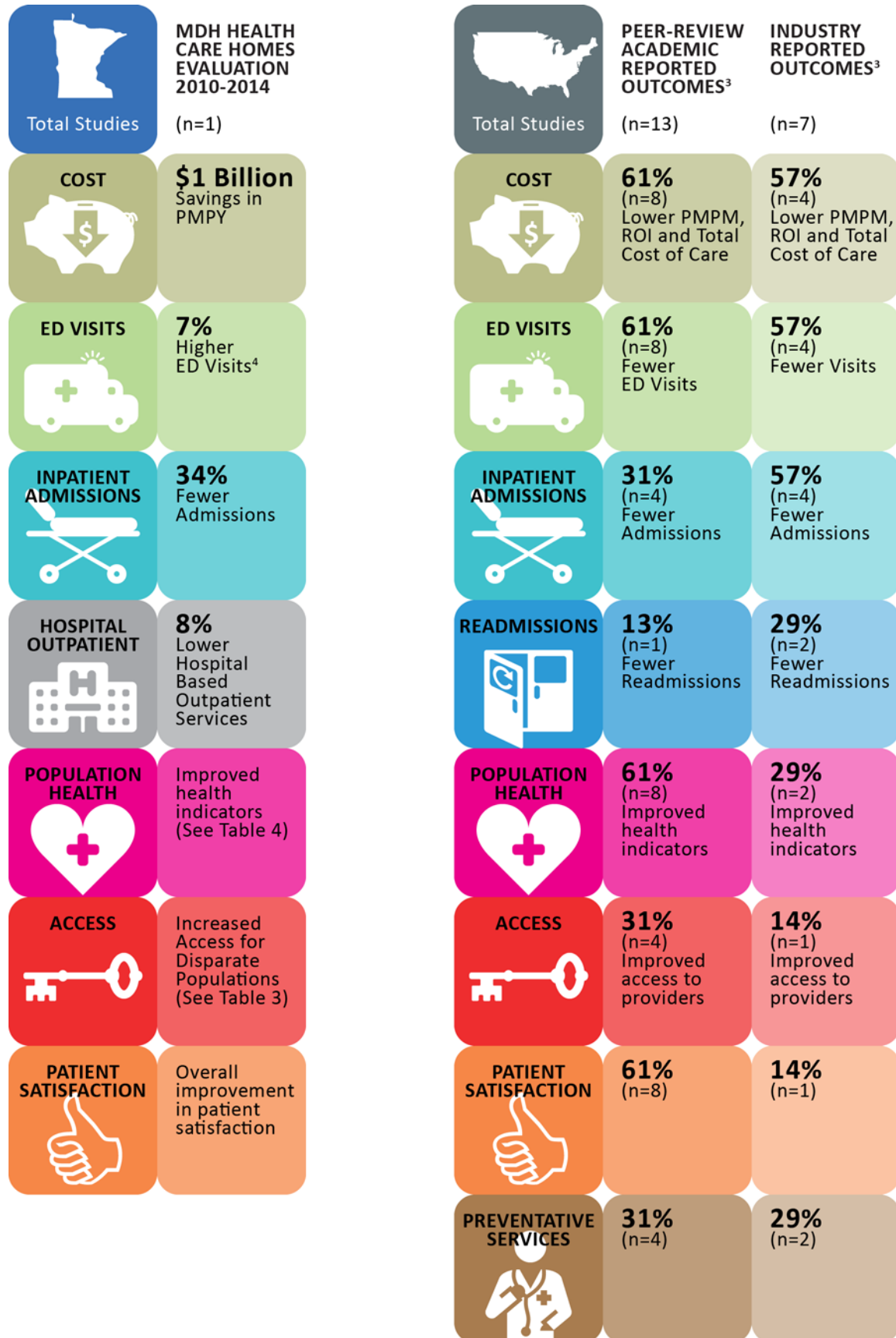
HCH Organizations by Provider Size



EVALUATION RESULTS POPULATION

- < 5 and >75 years of age.
- Hispanic, Black, or Asian, or spoke English as a second language.
- < High school education.
- High expected use of resources.
- Behavioral health conditions

Evaluation Outcomes and National Results



Population Health based on Quality Rates by Certification Status from 2010-2014¹

	Non-HCH clinics criteria met	HCH-Transforming clinics (partial year) criteria met	Difference from non-HCH clinic	HCH-Certified clinics (full year) criteria met	Difference from non-HCH clinic
ASTHMA CARE (CHILDREN)	19.2%	30.2%	11.0%	39.3%	20.0%
ASTHMA CARE (ADULTS)	16.7%	29.8%	13.1%	34.5%	17.8%
DEPRESSION FOLLOW-UP	19.5%	23.6%	4.1%	26.7%	7.2%
VASCULAR CARE	46.6%	53.2%	6.6%	53.3%	6.7%
COLORECTAL CANCER SCREENING	58.8%	60.7%	1.9%	63.3%	4.5%
DIABETES CARE	36.6%	40.1%	3.5%	40.6%	4.0%

MORE PATIENTS ARE SATISFIED

Minnesota aligns with national results showing improved patient and clinician relationships as well as overall improved patient satisfaction³:

- Communication with one's clinician showed a significant benefit for HCH clinics
- 60% of HCH patients felt positive about shared decision making about medication
- 50% of HCH patients felt positive about attention to mental health and follow-up visits

PHYSICIANS AND CLINICIANS ARE SATISFIED

- Higher job satisfaction in relation to time spent working³
- Greater morale²
- Working in a tight team structure and culture were associated with less clinician exhaustion⁴

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 Health Care Homes, Health Policy Division
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¹ All data, estimates and calculations used to derive this information comes from the University of Minnesota's Five Year Evaluation of the Health Care Homes program. This evaluation can be viewed at:

<http://www.health.umn.edu/sites/default/files/UM%202015%20HCH%20Evaluation%20Final%2007Feb2016.pdf>

² Sinsky, C.A., Willard-Grace R., Schutzbank, A.M., Sinsky, T.A., Margolis, D., & Bodenheimer, T. (2013). In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices. *Annals of Family Medicine*, 11(3), 272-278.

³ Link to full PCPCC Report, "The Patient-Centered Medical Home's Impact on Cost & Quality," found at: <https://www.pcpcc.org/resource/medical-homes-impact-cost-quality>

⁴ ED Visits may have been higher for HCH clinics because HCH clinics have populations that had higher overall ED Visits compared to non-HCH clinics.

⁵ Full link to this report found at: <http://www.jabfm.org/content/27/2/229.abstract>